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Mr. Nelson Levin,

This is a supplementary report on patient Kimbra Criswell whom I've assumed care for injury sustained on May 23, 2002. At this point, Ms. Criswell's main functional limitation results from chronic reflex sympathetic dystrophy (RSD) of the left lower extremity caused by trauma to the left leg and ankle. Ms. Criswell has also sustained instability of the left knee proximal tibio-fibular joint caused by trauma to the left leg and ankle. The initial trauma of being struck by the portable x-ray machine in Ms. Criswell's left ankle resulted in partial Achilles tendon rupture and Achilles tendonitiis complicated by causalgia (RSD associated with a definable nerve injury) following development of peroneal nerve palsy. RSD resulted from initial soft tissue trauma and later peroneal nerve palsy that caused sustained efferent sympathetic nerve activity perpetuated in a reflex arc. RSD can manifest in various signs and symptoms including hypersensitivity to pain, perception of normal touch as pain, changes in skin color and moisture, as well as joint stiffness with osteopenia (weakness of bone).

To a reasonable degree of medical certainty, Ms. Criswell cannot work on her feet for more than 8 hours per day for 3 days per week. To a reasonable degree of medical

certainty, Ms. Criswell's injuries as described above are caused by trauma to the left leg and ankle sustained on May 23, 2002 and are permanent.

Respectfully,

Sumit Dewanjee, MD
Orthopaedic surgery